In re: Michael Gunderson
Patricia Gunderson

Case Number: 09-20948

According to the calculations required by this statement:
☐ The applicable commitment period is 3 years.
☑ Disposable income is determined under § 1325(b)(3).
☐ Disposable income is not determined under § 1325(b)(3).
(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

a. Do. All fig during of the month approximation	tal/filing status. Check the box that applies and	PORT OF INC	JIVI E					
a. Do. All fig during of the month approximation	tal/filing status. Check the box that applies and							
b. de la	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.							
All fig during of the month approx 2 Gross Incor Line a than of an att busir a. b. c. Rent differed Do no in Pa a. b. c.				s Income") for Li	nes 2-10			
during of the month approximate approximat	gures must reflect average monthly income receive			T				
month approx 2 Gross Incor Line a than 0 an att busin a. b. c. Rent differe Do no in Pa a. b. c.	ng the six calendar months prior to filing the bankru			Column A	Column B			
approduction approach approduction approach a	e month before the filing. If the amount of monthly	income varied duri	ng the six	Debtor's	Spouse's			
2 Gross Incor Line a than o an att busin a. b. c. Rent differe Do ne in Pa a. b. c.	ths, you must divide the six-month total by six, and	enter the result on	the	Income	Income			
3 Incor Line a than a an att busir a. b. c. Rent differe Do no in Pa a. b. c.	opriate line.							
3 Line a than a an att busin a. b. c. Rent differe Do no in Pa a. b. c.	ss wages, salary, tips, bonuses, overtime, com	missions.		\$100.00	\$7,925.79			
busin a. b. c. Rent differe Do no in Pa a. b. c.	me from the operation of a business, professic a and enter the difference in the appropriate colur one business, profession or farm, enter aggregate ttachment. Do not enter a number less than zero.	ou operate more ride details on						
b. c. Rent differe Do no in Pa a. b. c.	ness expenses entered on Line b as a deduction	on in Part IV.						
C. Rent differe Do no in Pa a. b. c.	Gross receipts	\$0.00	\$0.00					
Rent differe Do no in Pa a. b. c.	Ordinary and necessary business expenses	\$0.00	\$0.00					
4 difference of the control of the c	Business income	Subtract Line b	from Line a	\$0.00	\$0.00			
b.	t and other real property income. Subtract Line rence in the appropriate column(s) of Line 4. Do not include any part of of the operating expense art IV.	ot enter a number le	ess than zero.					
C.	Gross receipts	\$0.00	\$0.00					
	Ordinary and necessary operating expenses	\$0.00	\$0.00					
5 Intere	Rent and other real property income	Subtract Line b	from Line a	\$0.00	\$0.00			
	est, dividends, and royalties.		•	\$0.00	\$0.00			
	sion and retirement income.			\$0.00	\$0.00			
7 expert	amounts paid by another person or entity, on a case of the debtor or the debtor's dependents purpose. Do not include alimony or separate main by the debtor's spouse.	, including child su	ipport paid for	\$0.00	\$0.00			
8 Howe spous comp	compensation in Column A or B, but instead state the amount in the space below: Unemployment compensation claimed to be a Debtor Spouse							
	nefit under the Social Security Act	\$0.00	\$0.00	\$0.00	\$0.00			
source sepal of ali	me from all other sources. Specify source and ces on a separate page. Total and enter on Line sarate maintenance payments paid by your spoulimony or separate maintenance. Do not include Social Security Act or payments received as a victimanity, or as a victim of international or domestic ter							

10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	\$100.00	\$7,925.79			
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.					
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT F	PERIOD				
12	Enter the amount from Line 11.		\$8,025.79			
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that					
	a.					
	b.					
	C.					
	Total and enter on Line 13.		\$0.00			
14	Subtract Line 13 from Line 12 and enter the result.	. the annual and O	\$8,025.79			
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 b and enter the result.	y the number 12	\$96,309.48			
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy					
	a. Enter debtor's state of residence: Washington b. Enter debtor's household Application of § 1325(b)(4). Check the applicable box and proceed as directed.	old size: 2	\$63,521.00			
17	The amount on Line 15 is less than the amount on Line 16. Check the box for "The a 3 years" at the top of page 1 of this statement and continue with this statement. The amount on Line 15 is not less than the amount on Line 16. Check the box for "is 5 years" at the top of page 1 of this statement and continue with this statement.					
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPO	OSABLE INCOM	E			
18	Enter the amount from Line 11.		\$8,025.79			
19	Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on lof any income listed in Line 10, Column B that was NOT paid on a regular basis for the hous expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for expenses of the debtor or the debtor's dependents. Specify in the spouse's support of perthan the debtor or the debtor's dependents) and the amount of income devoted to each purponecessary, list additional adjustments on a separate page. If the conditions for entering this do not apply, enter zero.	ehold excluding the ersons other pose. If				
	Total and enter on Line 19.		\$0.00			

20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$8,025.79				
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.					
22	Applicable median family income. Enter the amount from Line 16.	\$63,521.00				
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. ✓ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is dunder § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement COMPLETE PARTS IV, V, OR VI.	nt. e is not				

		Part IV. C.	ALCULATION	OF I	DE	DUCTIONS FROM INC	OME	
		Subpart A: Deduc	tions under Sta	ndar	ds	of the Internal Revenue	Service (IRS)	
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)							\$985.00
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for							
	Ηοι	usehold members under 65 ye	ears of age	Но	ouse	ehold members 65 years o	f age or older	
	a1.	Allowance per member	\$60.00	a2	2.	Allowance per member	\$144.00	
	b1.	Number of members	2	b2	2.	Number of members		
	c1.	Subtotal	\$120.00	c2	2.	Subtotal	\$0.00	\$120.00
25A	and l	I Standards: housing and util Utilities Standards; non-mortgag nation is available at www.usdo	e expenses for the	e app	olical	ble county and household size	- 1	\$502.00
25B	a. IRS Housing and Utilities Standards; mortgage/rent expense \$1,496.00 b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 c. Net mortgage/rental expense Subtract Line b from Line a.						\$0.00	
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis							

(Official Form 22C) (Chapter 13) (01/06)					
If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) ☐ 1 ☐ 2 or more Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. DO NOT ENTER AN AMOUNT LESS THAN ZERO.					
a. IRS Transportation Standards, Ownership Costs	\$200.00				
b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$0.00				
c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$200.00			
Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Loc (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); er Average Monthly Payments for any debts secured by Vehicle 2, as stated in	nter in Line b the total of the Line 47; subtract Line b from				
c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$200.00			
Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR					
Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.					
for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INS	SURANCE ON YOUR	\$0.00			
required to pay pursuant to the order of a court or administrative agency, suc	ch as spousal or child support	\$0.00			
	You are entitled to an expense allowance in this category regardless of whetl operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for are included as a contribution to your household expenses in Line 7. If you checked 0, enter on Line 27A the "Public Transportation" amount from Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Opera Local Standards: Transportation for the applicable number of vehicles in the Statistical Area or Census Region. (These amounts are available at www.us of the bankruptcy court.) Local Standards: transportation; additional public transportation expent If you pay the operating expenses for a vehicle and also use public transport you are entitled to an additional deduction for your public transportation expent If you pay the operating expenses for a vehicle and also use public transportation expent If you pay the operating expenses for a vehicle and also use public transportation expent If you pay the operating expenses for a vehicle and also use public transportation expent If you pay the operating expenses for a vehicle and also use public transportation expent If you pay the operating expenses for a vehicle and also use public transportation expent If you pay the operation of your public transportation. (www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense for more than two vehicles.) If I	Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7.			

	(Gillelat 1 5111 225) (Gliapter 15) (61765)				
Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.					
Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcaresuch as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.					
Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 39.					
37	Other Necessary Expenses: telecommunication services. Enter the total you actually pay for telecommunication services other than your basic home servicesuch as pagers, call waiting, caller id, special long distance, or intermnecessary for your health and welfare or that of your dependents. DO NOT I PREVIOUSLY DEDUCTED.	telephone and cell phone net serviceto the extent	\$88.00		
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 to	through 37.	\$3,823.00		
	Subpart B: Additional Living Expense Note: Do not include any expenses that you hav	Deductions	, , , , , , , , , , , , , , , , , , ,		
	Health Insurance, Disability Insurance, and Health Savings Account Exp				
	expenses in the categories set out in lines a-c below that are reasonably nec spouse, or your dependents.				
39	a. Health Insurance	\$295.00			
	b. Disability Insurance	\$0.00			
	c. Health Savings Account	\$83.00			
	Total and enter on Line 39		\$378.00		
	IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your ac expenditures in the space below:	tual total average monthly			
40	Continued contributions to the care of household or family members. Emonthly expenses that you will continue to pay for the reasonable and neces elderly, chronically ill, or disabled member of your household or member of you unable to pay for such expenses. DO NOT INCLUDE PAYMENTS LISTED II	sary care and support of an our immediate family who is	\$0.00		
Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			\$0.00		
Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.					
43	Education expenses for dependent children under 18. Enter the total average actually incur, not to exceed \$137.50 per child, for attendance at a private or secondary school by your dependent children less than 18 years of age. YO CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY A	public elementary or U MUST PROVIDE YOUR S, AND YOU MUST EXPLAIN	\$0.00		

44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.							
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitble contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). DO NOT INCLUDE ANY AMOUNT IN EXCESS OF 15% OF YOUR GROSS MONTHLY INCOME.							
46	Tota	I Additional Expense Deductions	s under § 707(b). Enter the total	of Lines 39 through	45.	\$378.00		
			ubpart C: Deductions for De					
47	you Payr the t follo	Ire payments on secured claims. own, list the name of the creditor, ic ment, and check whether the paym otal of all amounts scheduled as co wing the filing of the bankruptcy cas e. Enter the total of the Average Me	dentify the property securing the cent includes taxes or insurance. ontractually due to each Secured se, divided by 60. If necessary, li	debt, state the Avera The Average Month Creditor in the 60 m	age Monthly aly Payment is nonths			
		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?			
	a.	Beneficial/hfc	Residence	\$3,264.00	yes ☑ no			
	b.	Beneficial/hfc	Residence	\$363.00	□ yes ☑ no			
	C.			Total: Add	yes no			
				Lines a, b and c		\$3,627.00		
48	you in ac amo fored	dence, a motor vehicle, or other promay include in your deduction 1/60 ddition to the payments listed in Linunt would include any sums in defactore. List and total any such amparate page. Name of Creditor Beneficial/hfc Beneficial/hfc	th of any amount (the "cure amou e 47, in order to maintain possess ault that must be paid in order to a	unt") that you must p sion of the property. avoid repossession accessary, list addition	pay the creditor The cure or			
	C.				710100			
				Total: Add	Lines a, b and c	\$181.67		
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such							
		pter 13 administrative expenses. Iting administrative expense.	. Multiply the amount in Line a by	the amount in Line	b, and enter the			
	a.	· · · · · · · · · · · · · · · · · · ·	er 13 plan pavment.		\$3,872.20			
50	b. Current multiplier for your district as determined under schedules							
	c. Average monthly administrative expense of chapter 13 case Total: Multiply Lines a and b							
51	Tota	al Deductions for Debt Payment.	Enter the total of Lines 47 throug	h 50.		\$4,250.14		
		Sı	ubpart D: Total Deductions f	rom Income				
52	Total of all deductions from income. Enter the total of Lines 38, 46 and 51.							

	Part V. DETERMINATION OF DISPOSABLE IN	COME UNDER § 1325(b)(2)			
53	Total current monthly income. Enter the amount from Line 20.				
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.				
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).				
56	Total of all deductions allowed under § 707(b)(2). Enter the amount fro	om Line 52.	\$8,451.14		
	If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF THESE EXPENSES AND YOU MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCUMSTANCES THAT MAKE SUCH EXPENSES NECESSARY AND REASONABLE.				
57	alternative, describe the special circumstances and the resulting expense necessary, list additional entries on a separate page. Total the expenses YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCL	es in lines a-c below. If and enter the total in Line 57. N OF THESE EXPENSES AND YOU			
57	alternative, describe the special circumstances and the resulting expense necessary, list additional entries on a separate page. Total the expenses YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCL	es in lines a-c below. If and enter the total in Line 57. N OF THESE EXPENSES AND YOU			
57	alternative, describe the special circumstances and the resulting expense necessary, list additional entries on a separate page. Total the expenses YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCUEXPENSES NECESSARY AND REASONABLE.	es in lines a-c below. If and enter the total in Line 57. N OF THESE EXPENSES AND YOU JMSTANCES THAT MAKE SUCH			
57	alternative, describe the special circumstances and the resulting expense necessary, list additional entries on a separate page. Total the expenses YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCUEXPENSES NECESSARY AND REASONABLE. Nature of special circumstances	es in lines a-c below. If and enter the total in Line 57. N OF THESE EXPENSES AND YOU JMSTANCES THAT MAKE SUCH			
57	alternative, describe the special circumstances and the resulting expense necessary, list additional entries on a separate page. Total the expenses YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCUEXPENSES NECESSARY AND REASONABLE. Nature of special circumstances a.	es in lines a-c below. If and enter the total in Line 57. N OF THESE EXPENSES AND YOU JMSTANCES THAT MAKE SUCH			
57	alternative, describe the special circumstances and the resulting expense necessary, list additional entries on a separate page. Total the expenses YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCUEXPENSES NECESSARY AND REASONABLE. Nature of special circumstances a. b.	es in lines a-c below. If and enter the total in Line 57. N OF THESE EXPENSES AND YOU JMSTANCES THAT MAKE SUCH	\$0.00		
57	alternative, describe the special circumstances and the resulting expense necessary, list additional entries on a separate page. Total the expenses YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCUEXPENSES NECESSARY AND REASONABLE. Nature of special circumstances a. b.	es in lines a-c below. If and enter the total in Line 57. N OF THESE EXPENSES AND YOU JMSTANCES THAT MAKE SUCH Amount of expense Total: Add Lines a, b, and c	\$0.00		

	Part VI: ADDITIONAL EXPENSE CLAIMS							
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.							
60			Ехре	ense Description		Monthly Amount		
00	a.							
	b.							
	c.							
				Т	otal: Add Lines a, b, and c	\$0.00		
				Part VII: VERI	IFICATION			
			er penalty of perjury that the in int case, both debtors must sign	· ·	in this statement is true and c	orrect.		
61		Date:	_11/19/2009	Signature:	/s/ Michael Gunderson Michael Gunderson			
		Date:	_11/19/2009	Signature:	/s/ Patricia Gunderson Patricia Gunderson			